

*Department of Mental Health*

***“Lives Beyond Limitations”***





*The Department of Mental health logo features four triangles connected to form one triangle. The middle triangle represents the almost 100,000 Missourians served each year by the department. These individuals receive services from the Division of Alcohol and Drug Abuse, which is represented by the Red triangle; the Division of Comprehensive Psychiatric Services, Blue triangle; and the Division of Mental Retardation and Developmental Disabilities, Yellow triangle. The Department of Mental Health is dedicated to providing Missourians affected by mental illness, substance abuse and addictions, compulsive gambling, and developmental disabilities the services they need to live successfully and pursue their dreams.*

***October 2002***



## Vision

# Lives Beyond Limitations

*Missourians shall be free to live their lives and pursue their dreams beyond the limitations of mental illness, developmental disabilities, and alcohol and other drug abuse.*

## Mission

*Working side by side with individuals, families, agencies and diverse communities, the Department of Mental Health establishes philosophy, policies, standards and quality outcomes for prevention, education, habilitation, rehabilitation and treatment for Missourians challenged by mental illness, substance abuse/addiction and developmental disabilities.*

## Values



All people are accepted and included in the educational, employment, housing, and social opportunities and choices of their communities.



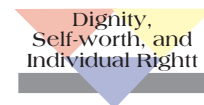
All people can easily access coordinated and affordable services of their choice in their own communities.



All people design their own services and supports to enhance their lives and achieve their personal visions.



All people are valued for and receive services that reflect and respect their race, culture, and ethnicity.



All people are treated with respect and dignity and their rights are ensured by persons providing them with services and supports.



All people live their lives free of, or are less affected by, mental or physical disabilities as a result of our emphasis on prevention and early intervention.



All people determine the excellence of their services and supports based on the outcomes they experience.



All people who provide services and supports are our organizations' most important resources.



All people receive services delivered by staff who are competent in dealing with culture, race, age, lifestyles, gender, sexual orientation, religious practice, and ethnicity.



## **Missouri Mental Health Commission**

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Auxvasse

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# Organization Overview

Though its functions date back to 1847, the Missouri Department of Mental Health was first established as a cabinet-level state agency by the Omnibus State Government Reorganization Act, effective July 1, 1974.

State law provides three principal missions for the department: (1) the prevention of mental disorders, developmental disabilities, substance abuse, and compulsive gambling; (2) the treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) the improvement of public understanding and attitudes about mental disorders, developmental disabilities, substance abuse, and compulsive gambling.

## MENTAL HEALTH COMMISSION

The commission, composed of seven members, appoints the director of the Department of Mental Health with the confirmation of the state Senate. The commissioners are appointed to four-year terms by the governor, again with the confirmation of the state Senate. The commissioners serve as the principal policy advisers to the department director.

The commission, by law, must include individuals who represent Missourians with mental illness, developmental disabilities, and alcohol and drug abuse problems and who have expertise in general business matters. Current commissioners are listed on page three.

The Department of Mental Health is organizationally comprised of three program divisions that serve approximately 140,000 Missourians annually, excluding clients served through the ADA/ SATOP program. They are:

<u>DIVISION</u>	<u>STAFF</u> <i>(Full Time Equivalent FTE)</i>	<u>FY 03 BUDGET</u> <i>(All Sources)</i>
Alcohol and Drug Abuse (ADA)	149.95	\$86,723,826
Comprehensive Psychiatric Services (CPS)	4,976.69	\$303,383,789
Mental Retardation/ Developmental Disabilities (MRDD)	4,709.87	\$268,553,567

Seven support units assist the department and division directors in implementing DMH's programs and services. They are:

1. Administration (Budget, finance and general services)
2. Quality Management (licensing, audit, Medicaid, investigation unit, etc.)
3. Human Resources
4. Information Systems
5. Legislative Office
6. Public Affairs
7. Consumer Affairs

DMH makes services available through state-operated facilities and contracts with private organizations and individuals. The state-operated facilities include eight adult inpatient facilities, Missouri Sexual Offender Treatment Center, and two children's psychiatric facilities. In addition, six habilitation centers and 11 regional centers serve individuals with developmental disabilities. More than \$300 million in services are purchased from a variety of privately operated programs statewide through approximately 4,000 contracts managed annually by DMH. The Division of Alcohol and Drug Abuse purchases all services, providing no direct services itself.

## If this year in Missouri is like last year:

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- ▼ Among the five million Missourians, it is estimated that 1.7 million will have some psychiatric need during their lifetime and 415,000 will have serious need for psychiatric services. Of these, it is estimated that 25-30% falls within our target population.
- ▼ Children with Severe Emotional Disturbances (SED), forensic youth and children and youth with acute psychiatric needs are involved in three of the four target populations identified by the division. The 2000 estimated census population of youth under age 18 in Missouri totals 1,511,513. Conservative estimates of prevalence (Center for Mental Health Services, HHS, 1997), indicated seven percent of all children or 105,806 Missouri children experience serious emotional disturbance. Estimates of any psychiatric illness with lesser functional impairment are even higher, from 12 percent to 21 percent. Based upon conservative presentation rate of 50 percent, some 52,903 children may need services from the public mental health authority. However, in FY 2000, only 11,041 children were served, leaving almost 42,000 children unserved or underserved.
- ▼ The number of homeless persons in Missouri in 2001 was approximately 87,250. Of that number, 28% have a severe mental illness, 34% are addicted to drugs and alcohol, while 10% have a serious mental illness and a drug or alcohol addiction. The remaining 28% lie those with a developmental disability, and / or a physical disability.
- ▼ Approximately 700 Missourians will commit suicide. About 60 will be under the age of 20, while 160 will be over the age of 55.
- ▼ Approximately 14,000 newborns will be exposed to nicotine during their fetal development. In addition, at least 3,000 will be exposed to alcohol, 3,000 to marijuana, and 500 to cocaine. At least 18,000 babies will be exposed to one or more of these drugs during its fetal development.
- ▼ About 10 percent of Missouri's drinkers will consume 50 percent of all alcoholic beverages sold in Missouri this year.
- ▼ Approximately 378,000 of Missouri's adults will need alcohol or other drug abuse treatment because their substance abuse seriously affects their family, work, community responsibilities, and eventually their health.
- ▼ Over 500,000 Missouri children will live in homes where at least one parent needs substance abuse treatment.
- ▼ Methamphetamine abuse is a serious drug problem in Missouri. Methamphetamine treatment admissions in ADA programs will total an estimated 3,200 in FY 2003, and rank fourth in admissions behind alcohol, marijuana, and cocaine.
- ▼ Alcohol, tobacco, and other drug abuse in Missouri will cost \$9.1 billion in lost work, health care, and other expenditures related to injury and illness and death.
- ▼ Between one and two percent of Missouri's 75,000 new babies will be born with a developmental disability, adding to the approximately 100,000 citizens currently living with developmental disabilities in Missouri. The disabilities of 50 percent of these babies could have been prevented with proper screening, prenatal care, abstinence of the pregnant mother from the use of alcohol and other drugs during pregnancy, diet, and medication.
- ▼ With the legalization of riverboat gambling, calls to the gamblers hotline amount to about 245 per month.



The Department of Mental Health will serve approximately 140,000 of the above Missourians and their families. They will come to us either because they have very limited incomes and must rely on the state for services or because the services they need cannot be found elsewhere.

The potential for these citizens to receive good services to prevent or reduce the effects of their mental health problems is greater now in Missouri than ever before. Medical and rehabilitation technology have greatly increased the array of treatment options.

For example, persons with the most disabling effects of schizophrenia may now be treated with new drugs like Clozaril or Risperidone, which allow those persons to function much more normally than ever before. People with alcohol, drug abuse, and compulsive gambling problems may now receive intensive outpatient services in their communities instead of waiting for one of a limited number of residential treatment slots, and many young mothers can now keep their children with them during the treatment process. A young child born with a developmental disability would once have been institutionalized. That child may now receive medication and diet supplements which will dramatically reduce the disability and allow the child to live at home and attend school.

Individuals and their families today are actively advocating for needed services and are influencing the service delivery system. In addition, counties and communities are playing a much stronger role in designing, funding, and even delivering services in partnership with the state and federal governments.

# Division of Alcohol and Drug Abuse (ADA)

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## OVERVIEW

Alcohol, drug abuse, tobacco, and compulsive gambling affect more than two million Missourians.

The division plans and funds prevention, treatment and rehabilitation programs for alcohol and other drug abuse—a problem that costs the state’s economy an estimated \$6.9 billion a year in lost productivity, healthcare expenditures, property damage, and crime. During the last year ADA-funded programs provided treatment or intervention to 67,000 individuals.

The State Advisory Council for ADA and six regional advisory councils make recommendations regarding the types of services needed throughout Missouri. Members of the councils are chosen from consumers of services, substance abuse treatment professionals, and others with an interest in substance abuse treatment and prevention.

The current year operating budget (FY 2003) for the Division of Alcohol and Drug Abuse is \$86,723,826.

## ABILITY TO PAY

To determine if a client has the ability to pay a portion of his/her cost of care, the Standard Means Test (SMT) is used. Many resources must be utilized to help recover costs. Primary among those resources are third-party payments. If these payments are insufficient, a client or his/her family is asked to contribute a portion of the costs based on the family’s ability to pay. Those charges are determined using a table that considers family size and income.

## PREVENTION

The current year appropriation (FY 2003) for prevention and education is \$15,597,232.

The mission of the Prevention Unit is to reduce the incidence of adverse outcomes resulting from the use and abuse of alcohol, tobacco, and other drugs. Prevention focuses on impacting factors that put individuals, especially children and youth, at risk for engaging in substance use; included are individual and peer factors, school and family factors, and community and environment factors. Attainment of this mission is operationalized through the five major components of the Division’s prevention system: Community 2000, Missouri Spirit, community-based services for youth and others, regional support centers, and statewide training and resource center. These components combine to create a continuum of prevention services available to all populations and all regions of the state.

**Community 2000 (C2000)** is a network of volunteer, community teams focusing on reducing the incidence of substance use and abuse in their communities and changing community norms toward substance use by youth and others. Organization and development of Community 2000 teams was initiated in 1987. Each team is composed of local volunteers. Teams receive technical assistance and training from the regional support centers on a variety of topics related to their organization development and to organizing and implementing prevention strategies. A 1998 evaluation of the Community 2000 program concluded that C2000 teams have the potential for making a difference in their communities. There are approximately 194 volunteer groups registered with the C2000 program.

**Regional Support Centers (RSC)** are the primary source of technical assistance support for the the C2000 teams and other local coalitions. The goal of the RSC is to facilitate development of teams capable of making changes in substance use patterns in their community. Each RSC has a mobilizer or prevention specialist who works directly with the teams in his or her area and assists with the development of teams and task forces in communities that desire to develop one. Also, through their tobacco retailer education activities, the RSC play a key role in Missouri’s effort to limit the sales of tobacco products to underage youth.

**Missouri SPIRIT** is a school-based initiative to test the efficacy of contractor-supported prevention resources grades in grades K-12. Five school districts are participating in the pilot phase. Each district will be implementing evidence-based curricula in elementary, middle, and high-school classrooms. Community-based prevention service providers will assist each district with implementation as well as screening and referring students exhibiting problems behavior.

**Community-Based Services** for youth and others are prided by community-based nonprofit organizations. These services include programs targeted to youth at high-risk of early use of alcohol and other drugs and replications of model, science-based programs.

**The Statewide Training and Resource Center (STRC)** conducts a variety of activities and programs on behalf of the Division and the overall state prevention system. The STRC provides resources, training and technical assistance for the RSC and community-based service providers; also, STRC presents a number of statewide, prevention conferences and workshops throughout the year. STRC also operates a consultant resource bank with resources available to the prevention community, administers the Community 2000 mini-grant program and operates the statewide RADAR resource site.

## **TREATMENT & SERVICES**

The Division of Alcohol and Drug Abuse provides services through a network of contractors who operate treatment facilities. The Division monitors these providers and their treatment staffs, who must meet state certification standards. The current appropriation (FY 2003) for treatment is \$62,855,954.

**Detoxification**--Substance abuse treatment often begins with detoxification during which an individual is assisted in withdrawing from alcohol and other drugs in a safe, supportive environment. Options include social setting detoxification, modified medical detoxification, and medical detoxification.

**Outpatient Rehabilitation**--Outpatient counseling and support services are designed for follow-up for persons who have completed residential programs and for persons whose substance abuse is less severe or chronic and do not require residential settings for treatment.

**Opioid Treatment Program (OTP)**--The Opioid (methadone) Treatment Programs are designed for medically supervised withdrawal from heroin and other opiate drugs, followed by ongoing treatment and rehabilitation for addiction and related life problems. Missouri's OTP meets federal guidelines for such programs.

**Comprehensive Substance Treatment & Rehabilitation(CSTAR)**—The Comprehensive Substance Treatment and Rehabilitation Program (CSTAR) is a unique approach to substance abuse treatment. It expands outcome expectations by offering a flexible combination of clinical services and living arrangements which are individually tailored for each client. The CSTAR model was developed by Missouri's Division of Alcohol and Drug Abuse and is funded by Missouri's Medicaid program and the Division's purchase-of-service system.

In the past, inpatient or residential treatment temporarily removed a person from the problem environment with little or no follow-up care. CSTAR focuses on serving people where they live by providing appropriate treatment services in a normalized, safe (substance-free) home. The program provides drug rehabilitation services, special skill-building and education programs, a protective setting for clients, and case management to help meet medical and social needs.

The Division of Alcohol and Drug Abuse purchases non-Medicaid-eligible CSTAR treatment services through the purchase of service contract system from community-based vendors. In addition, the Division provides match funding for Medicaid-eligible CSTAR treatment services from the Purchase of Service (POS) community-based agencies, as well as other agencies with POS contracts, primarily hospitals and community mental health centers.

There are approximately 44 CSTAR programs, 7,955 Medicaid-eligible clients and, 6,469 non-Medicaid-eligible clients.

**Women's Treatment Programs**—Substance abuse affects women differently than men, physically and psychologically. Single women, pregnant women and women with young children are all included in the specialized women's CSTAR treatment programs. These programs provide a complete continuum of treatment services tailored to the needs of women and their children.

**Adolescent Treatment Programs**—Early intervention, comprehensive treatment and aftercare are important in averting chronic abuse and accompanying problems that otherwise could follow a young person for a lifetime. The specially trained staffs of adolescent CSTAR programs utilize individual, group and family interventions.

**Residential Rehabilitation**—In a residential treatment program, a person receives around the clock care, seven days a week. Rehabilitation includes assessment, individual and group counseling, family counseling, participation in self-help groups, and other supportive interventions.

**Substance Abuse Traffic Offenders Program (SATOP)**—The Division certifies programs to provide services to adults and minors who have had alcohol- or drug-related traffic offenses. The SATOP program serves more than 32,000 DWI offenders annually who are referred as result of an administrative suspension or revocation of their drivers' licenses, court order, condition of probation, or plea bargain.

The various SATOP Programs are: *Offender Education Program (OEP)*, a 10-hour education course designed specifically to assist lower risk, first-time offenders in understanding the choices they made that led to their intoxication and arrest. *Adolescent Diversion Education Program (ADEP)*, an education program for minors who may have received Abuse/Lose, Minor in Possession, or Zero Tolerance offenses. *Weekend Intervention Program (WIP)*, a level of service designed for repeat offenders or "high risk" first time offenders using intensive education and counseling methods over a marathon weekend of structured activities. The program is conducted in a restrictive environment. *Clinical Intervention Program (CIP)*, a 50-hour outpatient counseling program consisting of individual counseling, group counseling and group education. Ten hours must address DUI/DWI issues. *Youth Clinical Intervention (YCIP)*, a program for minors who have been identified through the screening process as having serious problems with substance abuse.

**Oxford Houses**—is a network of self-run, self-supported recovery houses. Each house is chartered by Oxford House, Inc. To be considered for a charter, each house abides by three basic rules: 1) The house evicts anyone who relapses, 2) the house is financially self-sufficient, and 3) the house is democratically run by the residents.

A total of 64 Oxford Houses are operational in 16 Missouri communities. Each serves one of the following populations: men, women, and women with children. Oxford House residents must have at least 30 days of sobriety and be financially able to pay their share of house upkeep. The federal AntiDrug Abuse Act of 1988 stipulated that each state must create a \$100,000 revolving fund which allows startup loans to groups trying to establish residential facilities for recovering persons. Missouri's revolving fund is managed by the Division of Alcohol and Drug Abuse.

**Compulsive Gambling**—The Division provides outpatient treatment services to compulsive gamblers and their families throughout Missouri. Funding comes from casino admission fees though the Gaming Commission. The division also certifies compulsive gambling counselors

# Division of Alcohol and Drug Abuse Administrative Regions

## Northwest Region

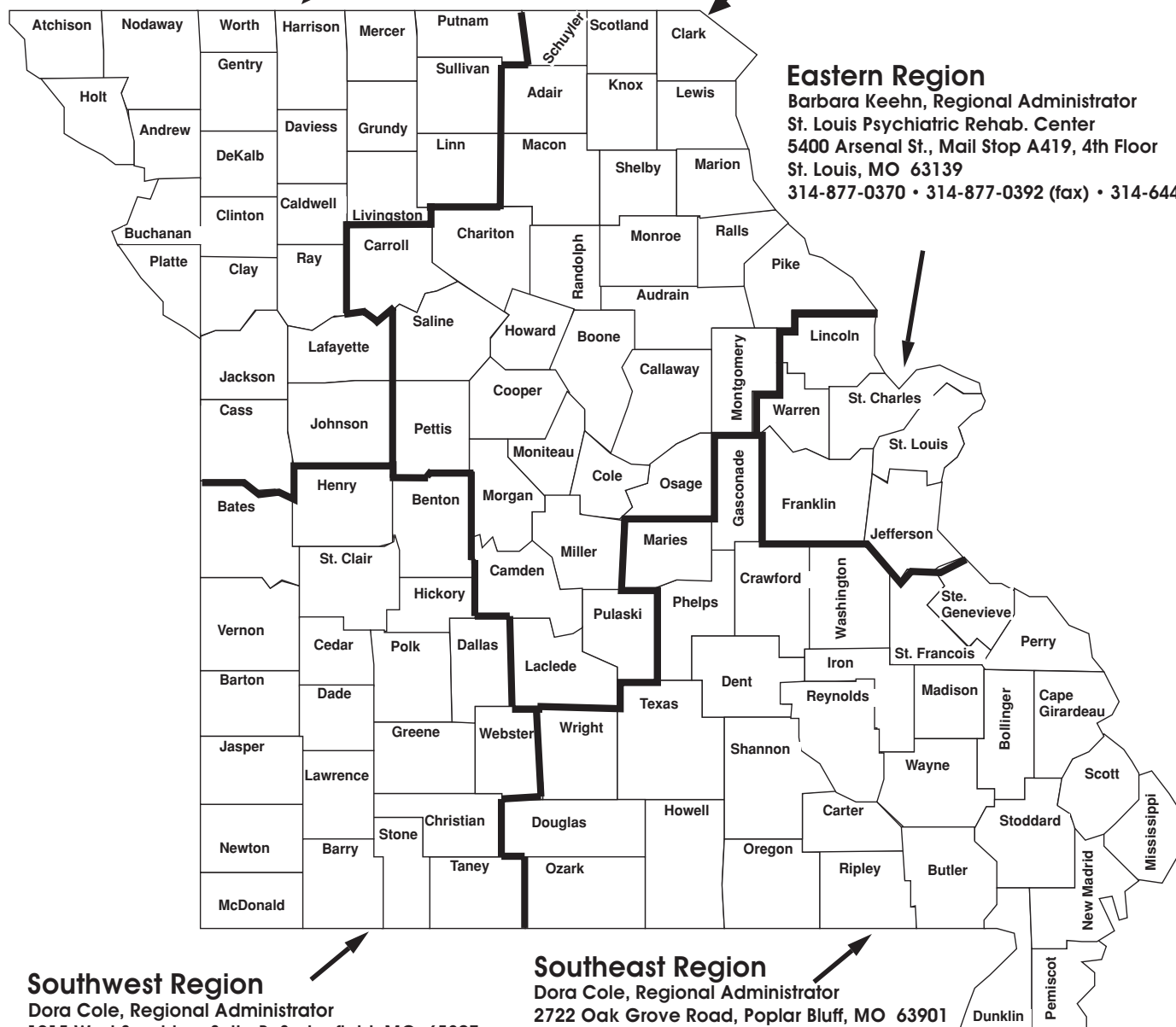
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# Division of Comprehensive Psychiatric Services (CPS)

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## OVERVIEW

The Division of Comprehensive Psychiatric Services (CPS) is responsible for assuring the availability of prevention, evaluation, treatment, and rehabilitation services for individuals and families requiring public mental health services. The Division exercises this responsibility by providing services directly through its state-operated facilities and programs and contracting through 25 administrative agents to provide an array of community programs. Additionally the division contracts with private entities for 24-hour residential services for individuals needing that level of care. It is the Division's goal to give priority to people with serious mental illness (SMI), individuals in acute crisis, individuals who are homeless and mentally ill, those committed for treatment by the court system, and children with severe emotional disturbances (SED).

CPS provides an array of services, including evaluation, day treatment, outpatient care, psychiatric rehabilitation, housing, crisis services, and hospitalization as well as evaluation and treatment of persons committed by court order. Eligibility for these services is determined through regional administrative agents designated by the Division.

To determine if a client has the ability to pay a portion of his/her cost of care, the Standard Means Test (SMT) is used. Many resources must be utilized to help recover costs. Primary among those resources are third-party payments. If these payments are insufficient, a client or his family is asked to contribute a portion of the costs based on the family's ability to pay. Those charges are determined using a table that considers family size and income. Other assets are collected when the client is without spouse or dependents and determined to need full-time, long-term (inpatient or placement) care.

The current year (FY 2003 operating) budget for the Division is \$303,383,789.

## CPS STATE FACILITIES

The Division of Comprehensive Psychiatric Services directly operates three long-term and three acute-care facilities. One additional facility has both a long-term and an acute program. In addition, the Division operates one children's psychiatric hospital & one children's residential center.

**Adult Inpatient Facilities**—Intermediate and long-term inpatient care are provided on a regional basis by five state rehabilitation hospitals located in St. Louis, St. Joseph, Fulton, El Dorado Springs and Farmington. These facilities have a combined (FY 2003) budget of \$99,690,717.

Services include general psychiatric care; specialized programs in forensics, inpatient evaluation, and treatment for adults diagnosed with drug and/or alcohol dependence; and brain trauma services.

In addition, there are three psychiatric centers located in St. Louis, Kansas City, and Columbia that provide acute psychiatric care and emergency psychiatric services to persons with mental illnesses. The current year (FY 2003) budget for these centers is \$47,044,459.

**Missouri Sexual Offender Treatment Program** is a treatment program recently enacted by law for sexually violent predators committed by the courts. It is located in Farmington. The current year (FY 2003) budget for this program is \$4,103,062.



**Children's Facilities** — The children's facilities provide services for children and youth up to the age of 18 with serious emotional disturbances. The Division operates an acute children's psychiatric hospital—Hawthorn in St. Louis and a residential facility, Cottonwood in Cape Girardeau. These facilities have a combined current year (FY 2003) budget of \$10,147,215. In addition, there are 32 beds dedicated to children & youth in three adult facilities.

**FORENSIC  
SUPPORT  
SERVICES**

Under Chapter 552 RSMo the Department of Mental Health is statutorily mandated to provide monitoring to forensic clients acquitted as not guilty by reason of mental disease or defect who are given conditional releases to the community by circuit courts. Monitoring is provided by forensic case monitors under the auspices of the Director of Forensic Services. There are nine forensic case monitors located across the state: three in St. Louis, two in Kansas City, two in Fulton, one in Nevada and one in Farmington. Forensic case monitors must see each forensic client at least once per month to monitor compliance with conditions of release and to ensure public safety. There are approximately 435 forensic clients on conditional release statewide.

The Department, upon order of the circuit court, provides pretrial evaluations pursuant to Chapter 552 RSMo. The Department requires that evaluations be completed by certified forensic examiners who must hold doctorate degrees in medicine, osteopathy, or psychology and must complete required supervision and training. Pretrial evaluations must be completed within the 60-day statutory timeline.

The current budget (FY 2003) for forensic support services is \$749,757 for monitoring of those committed to the department but are on conditional release from an inpatient setting. In FY 2001, 400 forensic clients were monitored in the community.

**CHILDREN'S  
PROGRAMS**

Over the last few years, the Division has worked to move its children's service system from a facility-based system to an integrated, community-based system of care. The foundation for the success of this system change is based on the underlying philosophical principles of the Child and Adolescent Service System Project (CASSP). These principles are that services are community-based, child-centered, and family-focused. These principles have been operationalized by restructuring the service system into five geographic areas corresponding to the adult regions; decentralizing residential placement funding; developing an array of community-based treatment and support options in each service area; and including increased family input into the system-development process. Although a fully integrated, community-based system has not been actualized, the department has realized considerable advances toward shifting the system to local communities. Through the purchase-of-service mechanism, contracted arrangements are made with local community mental health centers and providers to provide screening, evaluation, psychotherapy, medication services, case management, and crisis services.

The following paragraphs describe some of the services available in communities and funded through the youth community programs appropriation.

**Targeted Case Management (TCM)**—Services are provided for children already admitted to the system and are aimed at providing support to the children and families, linking the children to the service system, and coordinating the various services they receive. Case managers work with the families, treatment providers, and other child-serving agencies to assist the children in remaining in or progressing toward least-restrictive environments. TCM may include helping to develop a treatment plan; identifying, arranging, and monitoring services; reviewing cases and documenting the progress of children in treatment; and acting as the children’s advocates.

**Day Treatment**—Day treatment offers an alternative form of care to children who have serious emotional disturbances (SED) and who require a level of care greater than can be provided by the school or family, but not as intense as full-time inpatient service. Day treatment may include vocational education, rehabilitation services, individual and group therapies, and education services

**Residential Treatment**—These services consist of highly structured care and treatment to youth, generally on a time-limited basis until they can be stabilized and receive care in a less-restrictive environment or at home.

**Treatment Family Homes**—This service provides individualized treatment within a community-based family environment with specially trained foster parents. It allows out-of-home services for those needing them, but also allows children to remain in their own communities and often in their home school districts.

**COMMUNITY  
PSYCHIATRIC  
REHABILITATION  
PROGRAM**

Community Psychiatric Rehabilitation (CPR) program provides an array of key services to children with serious emotional disturbances. This is a child-centered approach that emphasizes individual choices and need, flexible services and supports, using existing community resources and natural support systems, and promoting independence and the pursuit of meaningful living, working, learning and leisure time activities in normal community settings. Services include intake/annual evaluations, crisis intervention, case management, community support, medication management and psychosocial rehabilitation.



**CHILD &  
ADOLESCENT  
SERVICE  
SYSTEM  
PROJECT  
(CASSP)**

Missouri CASSP is a joint project involving the Missouri departments of Mental Health, Social Services, and Elementary and Secondary Education and families. The project is dedicated to developing a range of community-based services for children who have emotional or behavioral problems and their families; responding to the multiple needs of children and families through more-effective collaboration among state and local agencies; increasing family (CASSP) participation in all aspects of planning and delivery of services; and ensuring that all services respond competently to cultural and ethnic differences.

The system of care promoted by CASSP includes a range of non-residential services (outpatient, day treatment, home-based, and crisis services) and a range of residential services (therapeutic foster care, group homes, residential treatment, and inpatient services). CASSP teams work through the Division's 25 administrative agents, its community placement regions, and psychiatric inpatient facilities.

**ADULT  
COMMUNITY  
PROGRAMS**

**Community Psychiatric Rehabilitation (CPR)** program is a client-centered approach that emphasizes individual choices and needs; features flexible services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illnesses, services include evaluations, crisis intervention, community support, medication management, and psychosocial rehabilitation. Because CPRP is a Medicaid program, the federal government pays approximately 60 percent of the costs for eligible clients. The Division of Comprehensive Psychiatric Services estimates spending approximately \$20 million from general revenue for the 40-percent state match in FY 2003.

**Targeted Case Management** includes the following services: arrangement, coordination, assessment of the individuals need for psychiatric treatment and rehabilitation, as well as other medical, social and educational services and supports; coordination and monitoring of services and support activities; and, documentation of all aspects of case management services including case openings, assessments, plans, referrals, progress notes, contacts, rights and grievance procedures, discharge planning, and case closure. Because TCM is a Medicaid program, the federal government pays approximately 60 percent of the costs for eligible clients. The Division of Comprehensive Psychiatric Services estimates spending approximately \$3.8 million from general revenue for the 40-percent state match in FY 2003.

**Community Support Services** consist of contractual arrangements made to purchase services from a menu of basic community mental health services from local mental health professional and community mental health centers as defined in sections 630.405 - 630.460 RSMo. 1996.

**Residential Services** provide a variety of housing alternatives to meet diverse needs of the clients. Funds are used to support the cost of housing services such as nursing facilities, residential care facilities, group homes and supported housing. As defined in sections 630.605 - 630.660 RSMo. 1996, contractual arrangements are made to obtain these residential services in the community. As individuals move into more normalized housing alternatives, they require intensive and flexible services and supports in order to maintain that housing. Provisions of these services and supports will enable these individuals to successfully live and work in their communities.

*Examples of some of the residential services included are:*

Intermediate Care Facilities Home Type III—an intermediate care facility is a long-term care facility licensed as such by the Division of Aging. This facility type serves an adult population of the general public, as well as people who are mentally ill and mentally retarded / developmentally disabled. The client is provided room, board, personal attention and nursing care in accordance with his / her condition, individualized treatment planning and protective oversight and supervision.

Residential Care Facility I—a residential care facility is a long-term care facility licensed as such by the Division of Aging and may also be licensed by the Department of Mental Health. This facility serves an adult population of the general public, as well as people who are mentally ill and mentally retarded / developmentally disabled. Although these are considered long-term care facilities, it is expected that the client be encouraged and assisted in developing self care skills which would qualify him / her for a less restrictive treatment setting. The following services shall be provided by the contractor: room, board and routine care; participate in individualized treatment / habilitation plan authorized by the department to be carried out by the contractor; medication supervision and transportation which includes annual physicals, medical emergencies, recreation activities, routine shopping trips for clothing and personal items and routine medical care.

#### **NURSING HOME REFORM**

In December, 1987, Congress passed the Ombudsman Nursing Home Reform Act (OBRA). In FY 1991, the Department of Mental Health was appropriated funds to comply with the mandated activities, which include screening people residing in or referred to nursing home facilities to determine if those people need specialized services for mental illness.

The Department of Mental Health must continue its assessment process to accomplish the following:

- Assess all persons residing in or referred to nursing facilities, including state and non-state clients,
- Maximize federal financial participation in Nursing Home Reform Act (NHRA) mandated activities at the 75-percent level and,
- Prevent federal disallowances that would jeopardize the state's Medicaid funding.

The Division contracts for evaluation and receives 75-percent matching reimbursement from the federal government. The Division expects to spend approximately \$70,866 from general revenue for the 25-percent state match in FY 2003.

# Division of Comprehensive Psychiatric Services

## Administrative Regions and Service Areas

### Northwest Region

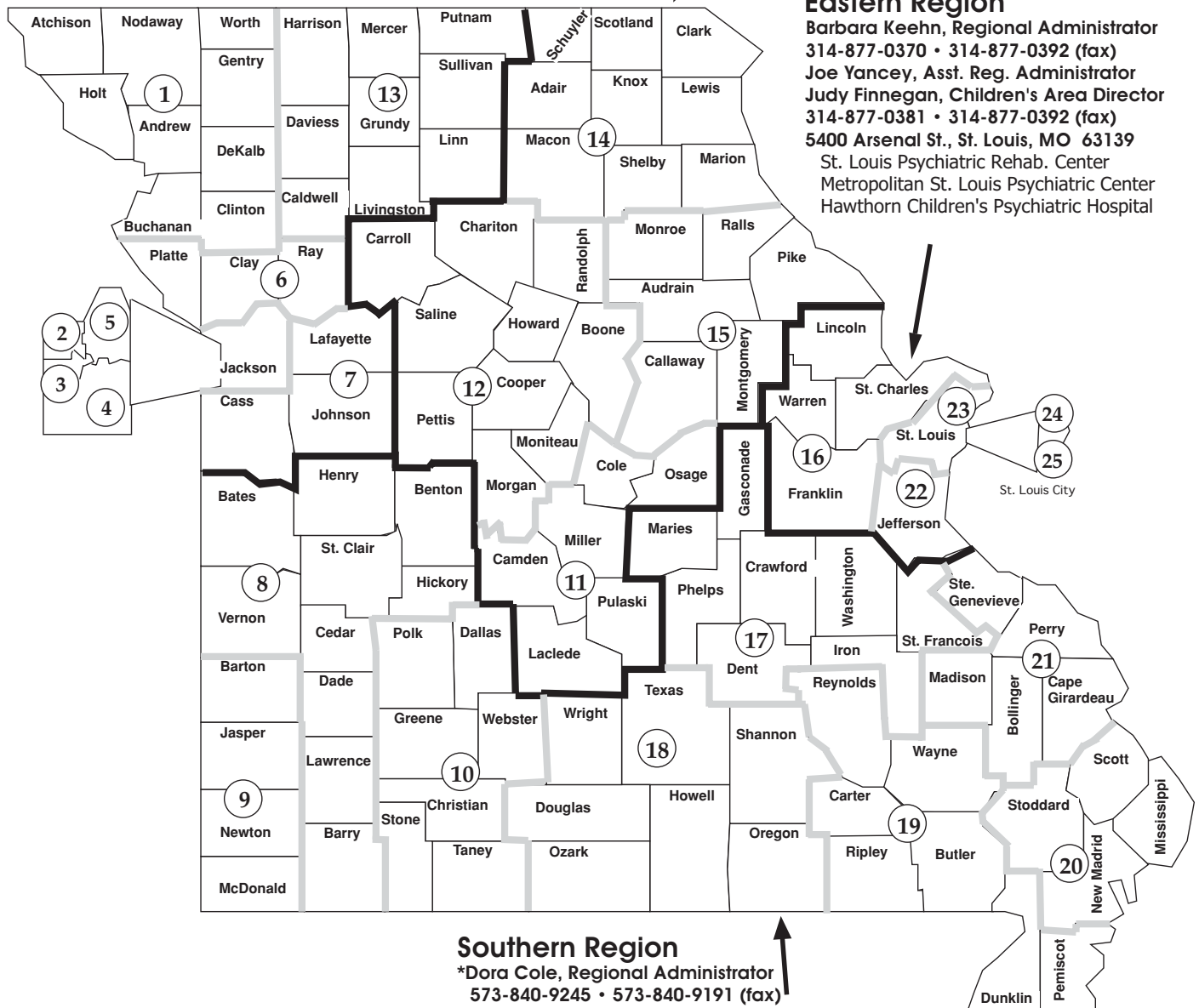
Dick Gregory, Ph.D., Regional Administrator  
 David McWilliams, Asst. Regional Administrator  
 Bonnie Neal, Children's Area Director  
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 Western Missouri Mental Health Center  
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 Cottonwood Residential Treatment Center  
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06/02



# Division of Mental Retardation and Developmental Disabilities (MRDD)

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## OVERVIEW

The Division of Mental Retardation and Developmental Disabilities (MRDD) is responsible for ensuring that the citizens of Missouri have access to the services and supports that they want and need. These services and supports include prevention of disabilities, evaluation, habilitation, and rehabilitation services.

The Division achieves its mission through case management and support staff in 17 facilities. Additionally, the Division has contractual arrangements and oversight responsibilities with programs and facilities funded, licensed, or certified by the Department of Mental Health.

People of all ages who have developmental disabilities are eligible for Division services. Eligibility is determined by the Division's 11 regional centers, which evaluate an individual's situation in light of state law (Sec. 630.005, RSMo). This law requires that the person's disability must have occurred before age 22 (during the developmental period) and that it is likely to continue indefinitely.

The cost of services is determined by a Standard Means Test (SMT), a tool used to determine if the individual or family (in the case of a minor child) is financially able to pay a portion of the costs. Charges are determined using a table that evaluates family size, income, and the type of service. However, many other resources, especially third-party payments, also must be used to cover costs. The Division's current (FY 2003) operating budget is \$268,553,567.

## STATE FACILITIES

**Regional Centers** - Based in 11 principal sites and supported by numerous satellite locations, the Division's regional centers are the entry point into the service system. Each center serves from three to 15 counties. Staffed by case managers and support personnel, the centers perform intake activities which help to determine if an individual is eligible for services. After a person is found eligible, the center, in partnership with the individual and family, works to identify needed services or supports. These services and supports are documented in individual plans which describe what is needed, how the service/support will be obtained, and the method by which the effectiveness of the service or support will be measured.

When developing and implementing individual plans, the center staff strive to meet an individual's needs in the most appropriate environment, typically in or near the individual's home. Referrals to habilitation centers are made when the individual's plan indicates that these facilities are the most appropriate. The 11 regional centers serve approximately 29,685 people annually with a total budget of approximately \$22.3 million.

**Habilitation Centers** - The primary mission of the Division's six habilitation centers is to provide residential, support, and treatment services to people referred by the regional centers. Each resident of the habilitation center has an individual plan which identifies services and supports needed to live successfully in the habilitation center or return to the community.

The Division operates Southeast Missouri Residential Services in Poplar Bluff and Sikeston; Bellefontaine Habilitation Center and St. Louis Developmental Disabilities Treatment Centers, both in St. Louis; and habilitation centers in Nevada, Higginsville, and Marshall. These facilities are certified as intermediate care facilities for persons with mental retardation (ICFs-MR) and receive federal Medicaid matching funds. The six habilitation centers are receiving approximately \$95 million in FY 2003.



**COMMUNITY-BASED SERVICES**

The Division contracts for a variety of services and supports for people with disabilities and their families. This array of services meets lifetime needs of people with disabilities. Services include early childhood intervention, therapies, training, and vocational, recreational, and residential supports. Services may be funded or provided through a variety of sources, depending upon factors such as an individual's special needs, his/her eligibility for the program, and his/her living arrangement. Emphasis is placed upon providing the service or support in a manner typical for the person's community, i.e., through generic rather than specialized providers when possible. Likewise, local, third-party, and federal funds are accessed as they would be for people without disabilities.

Of the 31,152 people receiving services through the Division, approximately 29,685 of them live in some type of community setting. They live in their family homes; with relatives who receive family support services; or in their own homes, either alone or with one or two others who receive individualized supported living (ISL) services. Other types of residential options include foster homes, group homes, residential care centers, and community-based ICFs-MR. The Division receives approximately \$122.4 million for community programs.

**Missouri's Consumer and Family Directed Support**

Missouri's Consumer and Family Directed Supports is a way of doing business with individuals with developmental disabilities and their families designed to:

- encourage their active participation in planning and directing services and supports;
- support them in meeting their most important needs;
- keep families together (for as long as the individuals and family choose);
- maximize limited resources; and
- connect individuals and families with one another and with their communities to encourage their full participation in all aspects of home, school, work, and community life.

**CONSUMER AND FAMILY DIRECTED SUPPORT**

Missouri's Consumer and Family Directed Supports is based on a set of principles that say... "Families are the most important support network for all people, including individuals with developmental disabilities. One of the best ways to support individuals with developmental disabilities is to support and empower their families-to work with them to identify their most important needs and find the most cost-effective way to meet those needs. At the same time, we must support and empower youth and adults with developmental disabilities to begin making their own decisions so they will be able to direct their own services and supports at the appropriate time in their lives."

Missouri's Consumer and Family Directed Supports is a partnership-between families, community members and organizations, the division of MRDD, and other state and local school districts, Senate Bill 40 Boards, Division of Social Services (the Medicaid agency), Bureau of Special Health Care Needs, Division of Aging, Division of Voc Rehab, and many others. No one entity will ever be able to meet the needs of everyone. We must work together and pool our resources to meet the most important needs of all individuals with developmental disabilities and their families.

Missouri's Family Directed Support Program was developed for families working in partnership with the Missouri Division of MRDD. It was implemented in 1998 to support families caring for a member with a developmental disability living with them in their home.

**Home and Community-Based Waiver**—In addition to its purchase of support services (nonresidential services) and its community placement (residential services) programs, the Division uses general revenue funds to match federal dollars to pay for services through Medicaid. The primary Medicaid program is the Home and Community-Based Waiver for Persons with Developmental Disabilities. It began in FY 1989.

The majority of individuals to whom the Division provides residential services are Medicaid eligible and the Home and Community Based Waiver has been the primary funding source for a variety of support services the individuals receive. In FY 2003, the Division expects to serve approximately 8,500 people through this waiver at an average daily cost of \$65. An estimated 40 percent of these individuals who live with their families will receive support services so they may continue to live at home, 31 percent of these people will be individually supported in group living arrangements of three or fewer, and another 29 percent will receive support services in congregate living arrangements.

**Choices for Families** - When families maintain members with disabilities at home, they are often confronted with many challenges related to the disabilities and the resulting physical/behavioral components. These families face increased and long-term financial responsibility; the lack of service/support providers in reasonable proximity to their homes; or the lack of knowledge, expertise, and physical capabilities to meet the treatment needs their family members require.

Choices for Families provides funding to help meet the needs of family members with disabilities who live at home. The program works in two ways: Families pay for items and services and then submit receipts for reimbursement to their regional centers, or the families obtain vouchers from the regional centers to obtain items or services from vendors who then submit the voucher to the regional centers for payment. In either case, the families choose their own providers and dictate the manner in which the services will be provided to meet their particular needs. Choices for Families can be used for virtually any family support service for which there may not be a suitable contracted provider.

**Family Stipend and Loan Program** - This program began in 1993 when the General Assembly passed House Bill 330 to assist Missouri's families who have children (under age 18) with developmental disabilities living at home. The programs were created to help maintain and enhance families' ability to care for their children at home.

The monthly cash stipend can be used for goods and services that benefit the child and the family, thereby differing from the Choices for Families program, which is aimed directly at the person (of any age) who has a developmental disability. The stipend can amount to the maximum monthly federal SSI payment for an individual with a disability who lives alone.

Low-interest loans, with a maximum amount of \$10,000 for a 60-month period, are available for families who may not otherwise be able to get such loans through traditional means. The loans are typically used for major equipment purchases, home modifications, or similar goods and services.

The amount received in FY 2003 to fund the stipend and loan program is \$842,069.

**Missouri Advocates for Individuals with Developmental Disabilities (MOAIDD)** - As a second phase of the Certification and Quality Enhancement project, MOAIDD is a statewide volunteer organization of people with disabilities and their families. Its purpose is to develop and operate a program of periodic monitoring visits to residential programs. Trained MOAIDD volunteers report positive as well as negative aspects of programs. This process is unique because it monitors programs from the consumer and family point of view. The monitors do not evaluate according to local, state, or federal regulations. Instead, they try to determine quality of life.

The emphasis of a MOAIDD review is on cooperative partnerships among consumers, agencies, and the Division of MRDD. Throughout the process the focus is on the individual—his/her dignity, rights, and quality of life.

**Autism Services** - Autism is a lifelong developmental disability that typically appears during the first three years of life. Persons with autism may be severely impaired in communication and social interactions. Autism and autistic-like symptoms are the results of a neurological disorder that affects the functioning of the brain. Classified as a syndrome, autism is a collection of behavioral symptoms that may have more than one cause.

In FY 2002 consumer-driven autism projects served approximately 621 families in Central Missouri, 303 families in Southeast Missouri, 259 families in Northwest Missouri, 607 families in Southwest Missouri, and 298 in Eastern Missouri.

The Division receives \$3,669,169 for the autism projects. The approximate cost of services is \$2,138 per family.

**First Steps** - First Steps provides early intervention services to families with young children who have disabilities, ages birth to three. The program consists of the planning, development, and implementation of a coordinated, interagency system of family-focused services for eligible infants and toddlers. First Steps is a collaborative effort of the Missouri departments of Elementary and Secondary Education, Health, Mental Health, and Social Services.

To be eligible for this program, children from birth to three years of age are:

- Diagnosed as having at least a 50-percent delay in one or more of the following areas of development: Cognitive; communication; adaptive; physical, including vision and hearing; and social/emotional; or
- Diagnosed as having a designated physical or mental condition that has a high probability of resulting in a developmental delay.

The appropriation for early intervention services is approximately \$9,593,238. Approximately 4,000 children were served in FY 2002. This program is being redesigned in FY 2003. We will no longer authorize and contract for services on behalf of the Department of Elementary and Secondary Education (DESE). Regions of the state will be phased in throughout the year. DESE is establishing its own System Points of Entry (SPOE's) which will replace the intake function at MRDD regional centers. DESE is also contracting with a central finance office, which replaced the business office function at the regional centers.



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## **INTER- GOVERNMENTAL AGREEMENTS**

The past few years have brought about unprecedented cooperation between Senate Bill 40 boards and the Division. Because most S.B. 40 boards provide or procure services for Division-eligible consumers, many of the boards have entered into specialized contracts with DMH. Under these contracts the boards and Division:

- Plan together to avoid duplication of programs;
- Use county S.B. 40 monies as state matching funds to expand availability of waiver services to Medicaid-eligible residents of participating counties; and
- Use S.B. 40 funds as match to expand both residential and other types of priority services within counties, thereby helping to reduce waiting lists for Division services at a time when state resources are extremely limited.

## **SHARED UNIT CONTRACTS**

This type of contract is also available to S.B. 40 boards and other not-for-profit contractors. With shared unit contracts, the Division buys blocks of services from providers instead of authorizing units for each person. State payments are then made in 12 equal amounts, based on the provider's prior year expenditures. Monitoring is done on a quarterly basis with contract adjustments as necessary.

Shared unit contracting has several distinct benefits, including the following:

- Gives participants more of a hand in making decisions about revising programs to meet individual and family needs, i.e., terminating services that are no longer beneficial or opting for additional services;
- Makes it easier for providers to respond quickly to critical family needs such as the need for respite and other support services; and
- Streamlines the authorization process by freeing the Division's regional center case managers of time-consuming paperwork, thus, giving them more time to provide advocacy and other critical services to the people they serve.

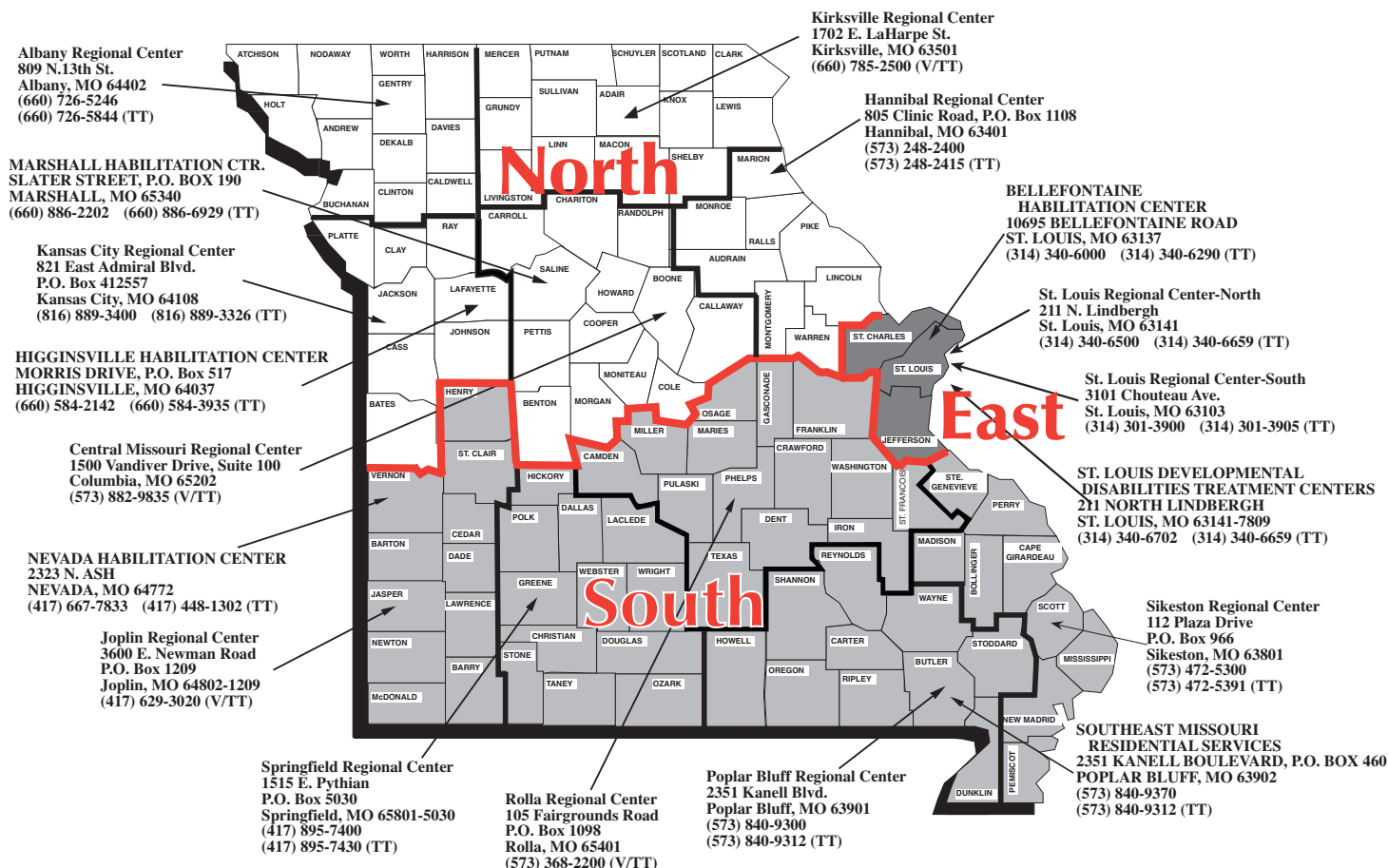
## **MISSOURI PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES**

The Division receives federal developmental disabilities funds to enhance the planning for coordination and delivery of services to the state's citizens with developmental disabilities. The funds are administered by the Division and used to support the activities of the Missouri Planning Council for Developmental Disabilities, a 22-member volunteer council appointed by the Governor. The Missouri Planning Council strives to create new realities, identifies research issues, and tries new and innovative ways to generate change in the service system.

The Missouri Planning Council's plan provides for

- Regional and statewide needs assessment, planning, and advocacy;
- Conducting/establishing model demonstration projects and effecting systems change;
- Increasing the level of local funding for program supports; and
- Educating policymakers through advocacy for systems change.

## REGIONAL CENTER AND HABILITATION CENTER SERVICE REGIONS BY DISTRICT



5/02





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